

# GALSTON EQUESTRIAN CLUB INC

## 2010 HALF YEARLY MEMBERSHIP FORM – 1st AUGUST 2010 to 31st JANUARY 2011

(one form per person please)

Name:

Address:

Phone: Mobile:

Email: Birth Date:

(if under 18 years)

### FEES (please circle one)

Community Membership \$ 20.00

Riding Membership \$50.00

Family Cap \$ 125.00

### PLEASE READ THIS IMPORTANT INFORMATION ABOUT YEARLY MEMBERSHIPS;

**Community Membership** includes full voting rights, the ability to attend and participate in all meetings and the ability to stand for and be elected to any committee position. Community membership also includes newsletters and email updates

**Riding Membership** includes all the rights of community membership (listed above). Additionally, riding members will be able to ride on all club riding days at riding member rates for all activities without day membership charges. Riding members will be issued with a membership card that entitles them to discounts at selected stores. Riding members must complete the attached Equestrian

NSW waiver

**Family discount** – yearly membership fees are capped at \$250 per family/household

**Persons under the age of 18 years** - all forms (including this one) must be approved by the signature of a parent or guardian

**Person under the age of 16 years** - cannot vote at any committee meetings AND **must be accompanied by a full member who is a parent or guardian when engaging in any club activity**

### FIRST AID INFORMATION

Emergency Contact Name:  
(and Relationship)

Contact Number:

In the event of .....(**members name**) requiring medical attention and treatment whilst at a Galston Equestrian Club activity or at an outside event, I authorize the Galston Equestrian Club Inc. to obtain all the necessary medical assistance or treatment, to engage as my agent any doctor, nursing assistance or hospital accommodation, with expenses incurred to be met by me. I further authorize the use of anesthetic by a qualified medical practitioner if in his/her judgment this is necessary. Without limiting the above, I appoint the Galston Equestrian Club Inc to act as my agent with full authority to do any act, matter or thing on my behalf (including signing any hospital or medical form on my behalf) in respect of myself whilst I am at or near the Club Ground

**Signature of member (or parent/guardian if under 18 years):**.....

### SURVEY

I am interested **only** in the following horse pursuits:  
**1 = most important**  
**2 = second most, and so on**

\_\_\_ Eventing

\_\_\_ Hacking

\_\_\_ Trail riding

\_\_\_ Dressage

\_\_\_ Horsemanship

\_\_\_ Social events

\_\_\_ Showjumping

\_\_\_ Sporting/Games

\_\_\_ Others .....

I would prefer a break up of the following on the club calendar:  
**(Should add up to 100%)**

\_\_\_ % Competition

\_\_\_ % Educational (information sessions)

\_\_\_ % Clinics (known accomplished riders)

\_\_\_ % Fun/Social Days (just for fun)

\_\_\_ % Training days (knowledgeable local instructors)

\_\_\_ % Social Events (non riding social events)

### CONDITIONS and CHECKLIST

I have read and understood the Galston Equestrian Club Constitution and Guidelines available at [www.galstonequestrianclub.org.au](http://www.galstonequestrianclub.org.au)

I understand that riding membership requires me to volunteer on at least one club day per year and help to set up or pack up on days that I ride

Galston Equestrian Club Inc (GEC) regularly reproduces photographs of people and horses in its publications, promotional and marketing material and on its web site in order to promote Galston Equestrian Club and its events. I consent to GEC using photographs of me in this way

I have completed and signed the 'Member Release and Waiver of Liability' form which accompanies this form

I have included a cheque or money order made to Galston Equestrian Club Inc

**Signature of Applicant:** ..... **Signature of Guardian:** .....

**POST TO:** GALSTON EQUESTRIAN CLUB Memberships PO BOX 243 GALSTON NSW 2159